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## AMBULATORY CARE DATA CAPTURE

**1. PURPOSE:** The purpose of this Veterans Health Administration (VHA) Directive is to announce the new ambulatory care data capture policy.

### 2. POLICY

a. It is the policy of VHA to collect ambulatory care data which will support the continuity of patient care, resource allocation, performance measurement, quality management, and research and improve third-party payor collections.

b. Effective October 1, 1996, VHA facilities are required to report each ambulatory encounter and/or ancillary service in accordance with the definitions provided in paragraphs 3a. All electronic data concerning the provision of services in VHA facilities must be recorded in accordance with the data element definitions included in paragraph 3b. When available, VHA will utilize data definitions promulgated by internationally and nationally recognized standard setting organizations (i.e., American Society Testing and Materials, American National Standards Institute, etc.)

c. The clinic stop code, historically used to track ambulatory care activity, will be retained, but in future software renamed Decision Support System (DSS) Identifier. Stop codes will continue to be defined in clinic profiles within the scheduling package. DSS will use the current Health Administration Service (HAS) definitions of stop codes to represent DSS work units or DSS products. Effective with this Directive, the DSS Program Office will be responsible for maintaining and nationally distributing the list of stop codes/DSS Identifiers. Attachment A is a current list of DSS Identifiers. Attachment B illustrates the relationship between stop codes and Common Procedure Terminology (CPT) and International Classifications of Diseases (ICD) codes that represent clinical services.

### 3. BACKGROUND

a. The following definitions apply to ambulatory care data.

(1) **Outpatient Visit:** The visit of an outpatient to one or more units or facilities located in or directed by the provider maintaining the outpatient health care services (clinic, physician's office, hospital/medical center) within one calendar day.

(2) **Licensed Practitioner:** An individual at any level of professional specialization who requires a public license/certification to practice the delivery of care to patients. A practitioner can also be a provider.

(3) **Non-licensed Practitioner:** An individual without a public license/certification who is supervised by a licensed/certified individual in the delivery of care to patients.

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(4) **Provider:** A business entity which furnishes health care to a consumer; it includes a professionally licensed practitioner who is authorized to operate a health care delivery facility (ASTM 1384-91). For VHA purposes, a VA medical center, to include its identified divisions and satellite clinics, is considered to be the business entity furnishing health care at the organizational level. Sub-organizational level entities will include treatment teams and individually identified licensed and non-licensed practitioners. For purposes of the National Patient Care Database (NPCD), a VHA-defined practitioner type field will be reported together with the medical center and medical center division code.

(5) **Encounter:** An instance of direct, usually face-to-face, interaction or contact, regardless of the setting, between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating and/or treating the patient's condition or providing social worker services. The practitioner exercises independent medical judgment. Documentation of all encounters, including telephone encounters is required. Encounters such as consultations may occur as the result of an encounter. Encounters do not include ancillary service visits, nor do activities such as, but not limited to, the taking of vital signs incidental to an encounter for a physician visit. For VHA purposes, a telephone contact between a practitioner and a patient will be considered as an encounter if the telephone contact includes the appropriate elements of a face-to-face encounter, namely history and medical decision making. A patient may have multiple encounters per visit. Collateral services provided as a part of the patient's care (such as family therapy) will not be reported separately. Collateral services provided directly to the collateral (separate from the patient, for example stress reduction skills) will be reported separately.

(6) **Ancillary Service (also known as Occasion of Service):** Appearance of an outpatient in a unit of a hospital or outpatient facility to receive ordered service(s), test(s), or procedures. An Ancillary Service does not include the exercise of independent medical judgment in the overall diagnosing, evaluating and/or treating the patients conditions. . An ancillary service is usually the result of an encounter. For example, laboratory tests or X-ray procedures ordered as part of an encounter. A patient may have multiple ancillary services (occasions of service) per visit. Some ancillary services such as Lab and Radiology are automatically loaded to the data base from other Decentralized Hospital Computer Program (DHCP) packages.

b. In addition to the current administrative data elements, the minimum clinical data elements required to constitute an encounter or ancillary service are as follows:

(1) **Patient:** person receiving health care services.

DHCP: Name, Date of Birth, Social Security Number (SSN) or Pseudo-SSN, eligibility, etc.

NPCD: Same

(2) **Date and Time of Service:** the actual date and time that the encounter/service was scheduled to occur. Time is a single entry indicating the time that the encounter was scheduled to occur. Taken from the Appointment Scheduling software, this data element will be identical in DHCP and NPCD, but only reported when services are actually provided.

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(3) **Practitioner:** see definition in paragraph 3a(2) and 3a(3). DHCP will store practitioner information by individual or designated group. Each practitioner will be designated with a defined practitioner type, such as physician, nurse practitioner, physicians assistant, etc. Practitioner type will be stored in the NPCD.

(4) **Place of Service:** information about the location where the service was provided. In both DHCP and NPCD, this will include the 3 digit medical center identifier, with any applicable suffixes, as well as the DSS Identifier(s).

(5) **Active Problems (why or purpose of visit):** problem/diagnosis treated that relates to the encounter (ICD-9-CM). When more than one active problem or diagnosis is designated for an encounter, the practitioner must determine which one is the primary reason the patient sought treatment at that encounter. The determination of whether or not a treatment was related to an adjudicated service-connected condition, Agent Orange, Ionizing Radiation, or Environmental Contaminants will be based upon the Primary Diagnosis. DHCP will maintain and store text descriptions along with coded values. Only the coded values will be transmitted to NPCD.

(6) **Service Provided (what):** Services provided to the patient by the practitioner or provider. Nationally accepted coding schemes, such as full CPT-4 coding with modifiers and HCPCS (HCFA's Common Procedural Coding System) will be used to reflect all services provided by all practitioners. DHCP will maintain and store text descriptions along with the coded values. Only the coded values will be transmitted to NPCD. Codes shown in Attachment B do not constitute a complete listing of CPT-4 codes. Any CPT-4 or HCPCS codes which accurately reflect the services provided during the encounter or ancillary service should be used. (see Paragraph 2c for the appropriate use of Attachment B.)

#### 4. ACTION

a. Network Directors will ensure that the Patient Information Management System (PIMS) and Patient Care Encounter (PCE) software packages are installed and operating on all medical center DHCP systems in conformance with the software implementation schedule published by the Chief Information Officer.

b. Facility Directors and facility Chiefs of Staff will ensure that clinical staff document clinical information in a format that conforms to the software requirements for defining the practitioner; the patient's active problems, diagnosis or reason for visit; and, the service provided to the patient. The Facility Director will ensure that administrative staff document patient demographics, the date and time of service, and the place of service in conformance with the requirements of the software. Facility Directors will also insure that administrative staff continue to maintain on each clinic set up in scheduling, a stop code or stop code credit pair (DSS Identifier) as the work group associated with that clinic set up

c. Where pick lists (as used in AICS) are used to manage coding information on either encounter forms or workstation data collection screens, facility Directors will ensure that data

validation is performed on all pick lists by trained coding staff and that pick lists conform to the definitions included in the appropriate coding methodology.

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d. Use of the Patient Information Management System (PIMS) and Patient Care Encounter (PCE) software packages is mandatory. Use of Problem List (PL) and Automated Information Collection System (AICS) software is encouraged, but is not mandatory. To transmit ambulatory encounter or ancillary service data to the National Patient Care Database, a patient must be assigned to a clinic through either scheduling or through the AICS manual data entry option. Data concerning the encounter must be passed to PCE through a programmed PCE interface. (PCE direct data entry, PIMS check out, AICS, Laboratory and Radiology are the only nationally released applications currently entering data into PCE). Use of the AICS manual data entry option will require an encounter form be established for the clinic, but does not require that the encounter be printed in advance.

### **5. REFERENCES**

- a. American Society for Testing and Materials, Standard E1384-91.
- b. National Committee for Vital and Health Statistics, Uniform Ambulatory Medical Care Minimum Data Set.

**6. FOLLOW-UP RESPONSIBILITY:** Director, Health Administration Service (161A), is responsible for the content of this Directive.

**7. RESCISSIONS:** This VHA Directive will expire September 17, 2001.

s/M. L. Murphy for

KENNETH W. KIZER, M.D., M.P.H.  
Under Secretary for Health

Attachments

**DISTRIBUTION:** CO: E-Mailed 9/18/96  
Field: VISN, MA, DO, OC, OCRO, and 200 - FAX 9/18/96  
EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44 - FAX 9/18/96

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**NATIONAL STOP CODE LIST FOR DSS USE**  
(effective 10/1/95)

<b>STOP CODE</b>	<b>DSS CREDIT PAIRS</b>	<b>NAME/DESCRIPTION</b>
101		EMERGENCY UNIT
102		ADMITTING/SCREENING
103		TELEPHONE TRIAGE
104		PULMONARY FUNCTION
105		XRAY
106		EEG
107		EKG
	107-473	ECHO
108		LABORATORY
109		NUCLEAR MEDICINE
115		ULTRASOUND
117		NURSING
	117-471	CHEMO CLINIC
	117-473	PPD CLINIC
	117-710	FLUSHOT
118		HOME TREATMENT SERVICES
119		COMMUNITY NURSING HOME FOLLOWUP
120		HEALTH SCREENING
121		RESIDENTIAL CARE PROGRAM FOLLOWUP
122		PUBLIC HEALTH NURSING
123		NUTRITION/DIETETICS/INDIVIDUAL
124		NUTRITION/DIETETICS/GROUP
125		SOCIAL WORK SERVICE
126		EVOKED POTENTIAL
127		TOPOGRAPHICAL BRAIN MAPPING
128		PROLONGED VIDEO-EEG MONITORING
144		RADIONUCLIDE THERAPY
145		PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION
146		PET
147		TELEPHONE/ANCILLARY
148		TELEPHONE/DIAGNOSTIC
149		RADIATION RX
150		COMPUTERIZED TOMOGRAPHY (CT)
151		MAGNETIC RESONANCE IMAGING (MRI)
152		ANGIOGRAM CATHETERIZATION
153		INTERVENTIONAL RADIOGRAPHY
160		CLINICAL PHARMACY

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165		BEREAVEMENT COUNSELING
166		CHAPLAIN SERVICE
167		CHAPLAIN SERVICE-GROUP
168		CHAPLAIN SERVICE-COLLATERAL
169		TELEPHONE/CHAPLAIN
170		HBHC-PHYSICIAN
171		HBHC-RN/RNP/PA
172		HBHC-NURSE EXTENDER
173		HBHC-SOCIAL WORKER
174		HBHC-THERAPIST
175		HBHC-DIETITIAN
176		HBHC-CLINICAL PHARMACIST
177		HBHC-OTHER
	177-201	HBHC-PM
	177-210	HBHC-SCI
178		HBHC-TELEPHONE
180		DENTAL
181		TELEPHONE/DENTAL
190		ADULT DAY HEALTH CARE
201		PHYSICAL MEDICINE & REHABILITATION SERVICE
202		RECREATION THERAPY SERVICE
203		AUDIOLOGY
204		SPEECH PATHOLOGY
205		PHYSICAL THERAPY
206		OCCUPATIONAL THERAPY
207		PM & RS INCENTIVE THERAPY
208		PM & RS COMPENSATED WORK THERAPY
	208-466	DOM CWT
209		VISIT COORDINATOR
210		SPINAL CORD INJURY
	210-414	SCI-CYSTOURO
	210-468	SCI-RN PROCEDURE
211		AMPUTATION FOLLOW-UP CLINIC
212		EMG
213		PM & RS VOCATIONAL ASSISTANCE
	213-466	VETS ED/TRNG DOM
214		KINESIOTHERAPY
215		SCI HOME CARE PROGRAM
216		TELEPHONE/REHAB & SUPPORT
301		GENERAL INTERNAL MEDICINE
302		ALLERGY IMMUNOLOGY
303		CARDIOLOGY
	303-201	CARD REHAB
304		DERMATOLOGY
	304-416	DERM PHOTO RX

305		ENDO/METABOLIC
306		DIABETES
	306-117	DIAB DM ED
307		GASTROENTEROLOGY
	307-117	ENTEROSTOMAL CLINIC
	307-454	LIVER
308		HEMATOLOGY
309		HYPERTENSION
310		INFECTIOUS DISEASE
311		PACEMAKER
312		PULMONARY/CHEST
313		RENAL/NEPHROLOGY
	313-457	TRANSPLANT
314		RHEUMATOLOGY/ARTHRITIS
315		NEUROLOGY
	315-456	EPILEPSY
	315-469	MOVEMENT DISORDER
	315-470	SLEEP DISORDER
316		ONCOLOGY/TUMOR
316-149		RAD RX (WITH ONCOLOGY MEDICINE SERVICE)
317		COUMADIN CLINIC
318		GERIATRIC CLINIC
319		GERIATRIC EVALUATION & MANAGEMT (GEM) CLINIC
320		ALZHEIMER'S/DEMENTIA CLINIC
321		GI ENDOSCOPY
322		WOMEN'S CLINIC
323		PRIMARY CARE/MEDICINE
324		TELEPHONE/MEDICINE
325		TELEPHONE/NEUROLOGY
326		TELEPHONE/GERIATRICS
327		MEDICINE PHYSICIAN PERFORMING INVASIVE OPERATING RM PROCEDURE
328		MSDU(SHORT STAY UNIT)
329		AMBULATORY CARE PROCEDURES UNIT
330		CHEMO RX CLINIC (MEDICINE)
331		PRE-BED CARE MD (MEDICINE)
332		PRE-BED CARE RN (MEDICINE)
401		GENERAL SURGERY
402		CARDIAC SURGERY
403		ENT
404		GYNECOLOGY
405		HAND SURGERY
406		NEUROSURGERY
407		OPHTHALMOLOGY
408		OPTOMETRY

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409		ORTHOPEDICS
410		PLASTIC SURGERY
	410-210	SCI PLASTIC
411		PODIATRY
412		PROCTOLOGY
413		THORACIC SURGERY
414		UROLOGY
	414-416	CYSTOSCOPY/AMBULATORY SURG (if in Inpatient Cysto Room)
	414-451	IMPOTENCY
	414-473	URODYNAMICS
415		VASCULAR SURGERY
	415-461	ADAM CLINIC
416		AMBULATORY SURGERY PROCEDURE PERFORMED
417		PROSTHETIC, ORTHOTICS
	417-201	MAJOR MED
	417-417	ORTHOTICS/PROSTHETICS CLINIC
	417-451	WHEEL CHAIR
	417-452	CUSHION
	417-455	SHOE/BRACE
	417-473	ORTHOTIC LAB
418		AMPUTATION CLINIC
419		ANESTHESIA PRE-OP CONSULT
420		PAIN CLINIC
421		VASCULAR LABORATORY
422		CAST CLINIC
423		PROSTHETIC SERVICES
	423-461	CAD CAM UNIT
	423-473	PROSTHETICS LAB
424		TELEPHONE/SURGERY
425		TELEPHONE/PROSTHETICS/ORTHOTICS
426		WOMENS SURG
427		PRIMARY CARE SURG
428		TELEPHONE/OPTOMETRY
429		AMBULATORY CARE OPERATING RM OR SURGERY OUTPATIENT SURGERY RM
430		CYSTO ROOM UNIT FOR OUT PATIENT
431		CHEMOTHERAPY PROCEDURES UNIT - SURGERY
432		PRE-BED CARE MD (MEDICINE)
433		PRE-BED CARE RN (MEDICINE)
501		HOMELESS MENTALLY ILL OUTREACH
502		MENTAL HEALTH CLINIC - INDIVIDUAL
503		RESIDENTIAL CARE-INDIVIDUAL
504		IPCC MEDICAL CENTER VISIT
505		DAY TREATMENT-INDIVIDUAL



506		DAY HOSPITAL -INDIVIDUAL
507		DRUG DEPENDENCE-INDIVIDUAL
508		ALCOHOL TREATMENT-INDIVIDUAL
	508-453	CRISIS/EMERG
	508-461	HIP/ARD
509		PSYCHIATRY-INDIVIDUAL
510		PSYCHOLOGY-INDIVIDUAL
	510-461	CALM
	510-473	NEURO PSO LAB
	510-475	RSCH
	510-509	PSO-PSI
512		PSYCHIATRY CONSULTATION
513		SUBSTANCE ABUSE-INDIVIDUAL
	513-502	SARB
	513-561	CAPP
514		SUBSTANCE ABUSE-HOME VISIT
515		CWT/TR-HCMI
516		PTSD-GROUP
	516-726	PTSD DOM
517		CWT/SUBSTANCE ABUSE
518		CWT/TR-SUBSTANCE ABUSE
519		SUBSTANCE USE DISORDER/PTSD TEAMS
520		LONG-TERM ENHANCEMENT-INDIVIDUAL
521		LONG-TERM ENHANCEMENT-GROUP
522		HUD-VASH
523		METHADONE MAINTENANCE
524		SEXUAL TRAUMA COUNSELING WOMEN VET
525		WOMEN'S STRESS DISORDER TREATMENT TEAMS
526		TELEPHONE/SPECIAL PSYCHIATRY
527		TELEPHONE/GENERAL PSYCHIATRY
528		TELEPHONE/HOMELESS MENTALLY ILL
529		HCHV/HMI
530		TELEPHONE/HUD-VASH
531		PRIMARY CARE GEN'L PSY
540		PCT-POST TRAUMATIC STRESS
542		TELEPHONE/PTSD
543		TELEPHONE/ALCOHOL DEPENDENCE
544		TELEPHONE/DRUG DEPENDENCE
545		TELEPHONE/SUBSTANCE ABUSE
546		TELEPHONE/IPCC (INTENSIVE PSYCHI COMNTY CARE)
550		MENTAL HEALTH CLINIC - GROUP
551		IPCC COMMUNITY CLINIC-DAY PROGRAM VISIT
552		IPCC COMMUNITY VISIT
553		DAY TREATMENT-GROUP
554		DAY HOSPITAL-GROUP

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555		DRUG DEPENDENCE-GROUP
556		ALCOHOL TREATMENT-GROUP
557		PSYCHIATRY-GROUP
558		PSYCHOLOGY-GROUP
560		SUBSTANCE ABUSE-GROUP
562		PTSD-INDIVIDUAL
563		PRIMARY CARE/SPECIAL PSY
573		INCENTIVE THERAPY
574		COMPENSATED WORK THERAPY (CWT)
575		VOCATIONAL ASSISTANCE
576		PSYCHOGERIATRIC CLINIC, INDIVIDUAL
577		PSYCHOGERIATRIC CLINIC, GROUP
578		PSYCHOGERIATRIC DAY PROGRAM
579		TELEPHONE/GERIATRIC PSYCHIATRY
602		CHRONIC ASSISTED HEMODIALYSIS TREATMENT
603		LIMITED SELF CARE HEMODIALYSIS TREATMENT
604		HOME/SELF HEMODIALYSIS TRAINING TREATMENT
606		CHRONIC ASSISTED PERITONEAL DIALYSIS
607		LIMITED SELF CARE PERITONEAL DIALYSIS
608		HOME/SELF PERITONEAL DIALYSIS TRAIN
610		CONTRACT DIALYSIS
611		TELEPHONE/DIALYSIS
725		DOMICILIARY OUTREACH SERVICES
726		DOMICILIARY AFTERCARE-COMMUNITY
727		DOMICILIARY AFTERCARE-VA
728		DOMICILIARY ADMISSION SCREENING SERVICES
729		TELEPHONE/DOMICILIARY
900		SPECIAL SERVICES
999		EMPLOYEE HEALTH
	999-510	PSO-EAP
*701		HYPERTENSION SCREENING
*702		CHOLESTEROL SCREENING
*703		MAMMOGRAM
*704		PAP TEST
*705		FOBT-GUIAC SCREENING
*706		ALCOHOL SCREENING
*707		SMOKING CESSATION
*708		NUTRITION
*709		PHYSICAL FITNESS/EXERCISE COUNSELING
*710		VET INFLUENZA IMMUNIZATION
*711		INJURY COUNSEL/SEAT BELT USAGE
*701 to		Generally used as secondary statistics only (with another primary stop).
711		code like 301, or 323).

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### 1997 DSS IDENTIFIER(STOP CODE) TO CLINICAL ACTIVITIES CROSS-REFERENCE

Beginning in FY 1997, the DSS program Office will have responsibility for defining stop codes. In FY 1997 Stop codes will begin to transition to a new name, DSS Identifier which will represent DSS workgroups and DSS products. DSS Identifiers (formerly stop codes) will evolve for DSS purposes. Offices seeking changes to the DSS identifier for FY 1997 should coordinate those changes with the DSS program office. Beginning on 10/1/96, the Add/Edit Stop Code functionality will be discontinued. All stop codes and credit pairs must be defined within the clinic set up. Patients can be associated with a clinic either through scheduling (scheduled or unscheduled patient) or through an ad hoc encounter under AICS manual data entry. All patient encounter or ancillary services must be associated with a clinic (DSS identifier (Stop Code/Credit Pair) will automatically be added from the clinic setup) to be entered into PCE.

The table below provides illustrative examples of the type of diagnostic and procedural data that will occur within each of the current DSS identifiers (Stop Codes) . The list is not a substitute for an ICD-9-CM or CPT-4 coding manual.

For example, any encounter may include secondary medical, psychiatric and substance abuse diagnoses contributing to the need for services when applicable. Similarly codes for persons encountering health services in other circumstances V60 through V68 should be recorded where applicable. These include, housing, household and economic circumstances as defined in ICD-9-CM V60.0 through 60.9, other family problems V61.0 through V61.9, other psychosocial circumstances V62.0 through V62.9, etc.

Number	Description	New Clinical Data Element
101	EMERGENCY UNIT	CPT codes 99281-99288 are for emergency services
102	ADMITTING/SCREENING	Not Applicable
103	TELEPHONE TRIAGE	CPT codes 99371-99373 are for telephone calls
104	PULMONARY FUNCTION	CPT codes 94010-94799 are for pulmonary services and procedures
105	X-RAY	CPT codes 70010-76499 are for diagnostic radiology services
106	EEG	CPT codes 95812-95830 are for EEG services
107	EKG	CPT codes 93000-93029 are for ECG services
108	LABORATORY	CPT codes 80002-89399 are for Pathology and Lab services

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109	NUCLEAR MEDICINE	CPT codes 78000-79999 are for Nuclear Medicine services
115	ULTRASOUND	CPT codes 76506-76999 are for Ultrasound services
117	NURSING	This will be a provider type
118	HOME TREATMENT SERVICES	CPT codes 99341-99353 are for Home Services
119	COMMUNITY NURSING HOME FOLLOW-UP	CPT codes 99301-99313 are for Nursing Facilities
120	HEALTH SCREENING	ICD-9-CM codes V73.0-V82.9 are for special screening services
121	RESIDENTIAL CARE PROGRAM FOLLOW-UP	CPT codes 99321-99333 are for residential care services
122	PUBLIC HEALTH NURSING	This will be a provider type
123	NUTRITION/DIETETICS/INDIVIDUAL	Individual vs. group counseling can be represented by a range of CPT codes. Outpatient individual services can utilize 99201-99215, 99241-99245. Group is 99078. Preventive Individual counseling is 99401-99404; group is 99411-99412
124	NUTRITION/DIETETICS/GROUP	See 123
125	SOCIAL WORK SERVICE	This will be a provider type
126	EVOKED POTENTIAL	CPT codes 92280 and 92585 are for evoked potential services
127	TOPOGRAPHICAL BRAIN MAPPING	CPT code 78699 is for this service
128	PROLONGED VIDEO-EEG MONITORING	CPT code 95951 is for prolonged video-EEG monitoring
144	RADIONUCLIDE THERAPY	CPT codes 77300-77417 are for radiation therapies
145	PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION	CPT codes 78460-78465; 78478-78480 for these services
146	PET	CPT codes 78608-78609 for PET services
147	TELEPHONE/ANCILLARY	CPT codes 99371-99373 are for telephone calls
148	TELEPHONE/DIAGNOSTIC	CPT codes 99371-99373 are for telephone calls
149	RADIATION RX	CPT codes 77261-77499; 79000-79999 are for radiation therapy services

150	COMPUTERIZED TOMOGRAPHY (CT)	CPT codes 70450-70492; 71250-71270; 72125-72133; 72192-72194; 73200-73202; 73700-73702; 74150-74170; 76355-76380 are for these services
151	MAGNETIC RESONANCE IMAGING (MRI)	CPT codes 70540-70553; 71550-71555; 72141-72159; 72196-72198; 73220-73225; 73720-73725; 74181-74185; 75552-75556; 76093-76094; 76400 are for these services
152	ANGIOGRAM CATHETERIZATION	CPT codes 93501-93562 are for these services
153	INTERVENTIONAL RADIOGRAPHY	CPT codes 77261-77799; 78800-79999 are for these services
160	CLINICAL PHARMACY	CPT Evaluation and Management code 99211 is appropriate
165	BEREAVEMENT COUNSELING	ICD-9-CM code V62.82 would be used for this diagnosis/purpose of visit. CPT counseling codes would be utilized as appropriate.
166	CHAPLAIN SERVICE	This will be a provider type
167	CHAPLAIN SERVICE-GROUP	CPT codes 90846-90853, and 90857 are for these services.
168	CHAPLAIN SERVICE-COLLATERAL	Collateral is a type of eligibility.
169	TELEPHONE/CHAPLAIN	CPT codes 99371-99373 are for telephone calls
170	HBHC-PHYSICIAN	CPT codes 99341-99353 are for Home Services. Physician is a provider type.
171	HBHC-RN/RNP/PA	See 170.
172	HBHC-NURSE EXTENDER	See 170.
173	HBHC-SOCIAL WORKER	See 170.
174	HBHC-THERAPIST	See 170.
175	HBHC-DIETITIAN	See 170.
176	HBHC-CLINICAL PHARMACIST	See 170.
177	HBHC-OTHER	See 170.
178	HBHC-TELEPHONE	CPT codes 99371-99373 are for telephone calls.
180	DENTAL	HCPCS codes D0110-D9999 are for dental services.
181	TELEPHONE/DENTAL	CPT codes 99371-99373 are for telephone calls

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190	ADULT DAY HEALTH CARE	CPT codes 99354-99355 are for prolonged services (with other CPT codes as appropriate)
201	PHYSICAL MEDICINE & REHABILITATION SERVICE	CPT codes 97010-97799 are for Physical Medicine services
202	RECREATION THERAPY SERVICE	CPT code 97530 is for this service, modifiers will be developed as agreed to with PM&R Service
203	AUDIOLOGY	CPT codes 69210, 92506; 92507; 92510; 92531-92547; 92551-92599 99002; 99070 are for audiology services (modifiers will be developed as agreed to with Audiology)
204	SPEECH PATHOLOGY	CPT codes 31505; 31575; 31579; 70371; 92506-92508; 92511-92512; 92516; 92520; 92525-92526; 92597-92598; 99070 are used for speech pathology services (modifiers will be developed as agreed to with Speech Pathology)
205	PHYSICAL THERAPY	HCPCS codes Q0086; Q0103 and Q0104 are for Physical Therapy services
206	OCCUPATIONAL THERAPY	HCPCS code H5300; Q0109; Q0110 are for these services
207	PM & RS INCENTIVE THERAPY	CPT codes 97545-97546 are used for these services (modifiers will be developed in FY 1997)
208	PM & RS COMPENSATED WORK THERAPY	CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to)
209	VIST COORDINATOR	This will be a provider type
210	SPINAL CORD INJURY	ICD-9-CM codes 344.00-344.9; 952.00-952.9 are used for SCI. A Spinal Cord Injury Indicator is also present in DHCP.
211	AMPUTATION FOLLOW-UP CLINIC	ICD-9-CM codes 997.6; V49.60-V49.77 are used for amputation follow-up.
212	EMG	CPT codes 51784, 90911, 92265, 95858-95875 are used for electromyography

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213	PM & RS VOCATIONAL ASSISTANCE	CPT codes 90882, 90899, 97537, 97545-97546 99361 and 99456 may be appropriate for these patients (modifiers will be developed in FY1997 as agreed to)
214	KINESIOTHERAPY	CPT code 97530 is used for these services (modifiers will be developed as agreed to with PM&RS)
215	SCI HOME CARE PROGRAM	ICD-9-CM codes 344.00-344.9; 952.00-952.9 are used for SCI. A Spinal Cord Injury Indicator is also present in DHCP and CPT codes 99341-99353 (Home Services).
216	TELEPHONE/REHAB & SUPPORT	CPT codes 99371-99373 are for telephone calls
301	GENERAL INTERNAL MEDICINE	Not applicable
302	ALLERGY IMMUNOLOGY	CPT codes 95004-95199 are used for allergy services
303	CARDIOLOGY	CPT codes 75552-75556; 78414-78499; 92950-93660 are for cardiovascular services
304	DERMATOLOGY	CPT codes 96900-96999 are to be used in conjunction with 99241-99263 for dermatology services
305	ENDO/METABOLIC	ICD-9-CM codes 240.0-259.9; 270.0-278.8 will be used to identify endocrine/metabolic patients
306	DIABETES	ICD-9-CM codes 250.00- 250.93; 648.0; 648.8; 775.1; 790.2; and 790.6 will be used to identify patients treated for diabetes
307	GASTROENTEROLOGY	CPT codes 43100-44799; 76975; 89100-89105; 91000-91299 are used for Gastroenterology services
308	HEMATOLOGY	CPT codes 38100-38999; 85002-85999 are used for these services
309	HYPERTENSION	ICD-9-CM codes 401.0-405.99 are used to identify hypertensive patients
310	INFECTIOUS DISEASE	ICD-9-CM codes 001.0-139.8 are used to identify infectious disease patients

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311	PACEMAKER	CPT codes 33200-33249;93724-93738 are used to identify these services
312	PULMONARY/CHEST	CPT codes 94010-94799 are used to identify these services
313	RENAL/NEPHROLOGY	ICD-9-CM codes 580.0-599.9 and CPT codes 90918-90999 are used to identify renal/nephrology patients
314	RHEUMATOLOGY/ARTHRITIS	ICD-9-CM codes 714.1-716.99 are used to identify rheumatology and arthritic patients
315	NEUROLOGY	ICD-9-CM codes 320.0-359.9 are used to identify neurologic patients
316	ONCOLOGY/TUMOR	ICD-9-CM codes 140.0-239.9; V10.0-V10.9 are used to identify oncology patients
317	COUMADIN CLINIC	HCPCS code J1644 - Heparin sodium - is the closest equivalent for this treatment
318	GERIATRIC CLINIC	ICD-9-CM codes 259.8; 290.0-290.9; 492.8; 620.3; 621.8;622.8; 627.3; 701.3; 702.0; 797 can be used to identify geriatric patients
319	GERIATRIC EVALUATION & MANAGEMENT (GEM) CLINIC	ICD-9-CM codes 259.8; 290.0-290.9; 492.8; 620.3; 621.8;622.8; 627.3; 701.3; 702.0; 797 can be used to identify geriatric patients
320	ALZHEIMER'S/DEMENTIA CLINIC	ICD-9-CM codes 290.0-290.3; 331.0 are used to identify these patients
321	GI ENDOSCOPY	CPT codes 43200-43425; 44360-44394; 45300-45385; 46600-46615 are for GI Endoscopy services
322	WOMEN'S CLINIC	These services can be identified by sorting patients on the field "Sex"
323	PRIMARY CARE/MEDICINE	Not applicable
324	TELEPHONE/MEDICINE	CPT codes 99371-99373 are for telephone calls
325	TELEPHONE/NEUROLOGY	CPT codes 99371-99373 are for telephone calls
326	TELEPHONE/GERIATRICS	CPT codes 99371-99373 are for telephone calls



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327	MEDICINE PHYSICIAN PERFORMING INVASIVE OPERATING RM PROCEDURE	Not applicable
328	MSDU(SHORT STAY UNIT)	Not applicable
329	AMBULATORY CARE PROCEDURES UNIT	Not applicable
330	CHEMO RX CLINIC (MEDICINE)	CPT codes 96400-96549 are used for Chemotherapy Administration. HCPCS JXXXX codes may be used to indicate the specific agent
331	PRE-BED CARE MD (MEDICINE)	CPT codes 99217-99220 are used for Observation Care services. Physician would be indicated by provider type
332	PRE-BED CARE RN (MEDICINE)	CPT codes 99217-99220 are used for Observation Care services. Registered Nurse would be indicated by provider type
401	GENERAL SURGERY	Not Applicable
402	CARDIAC SURGERY	CPT codes 33010-33999 are used for cardiac surgery services
403	ENT	CPT codes 30000-32999 are used for ENT surgical services; 92502- 92599 are used for examinations and other services
404	GYNECOLOGY	CPT codes 56300-58999 are used for Gynecological surgery services
405	HAND SURGERY	CPT codes 26010-26989 are used for Hand and Finger surgery services
406	NEUROSURGERY	CPT codes 61000-64999 are used for Nervous System surgical services
407	OPHTHALMOLOGY	CPT codes 65091-68899 are used for Ophthalmologic surgical services; 92002-92499 are used for examinations and other services
408	OPTOMETRY	Optometrist would be a provider type and would provide many of the same non-surgical services as Ophthalmology
409	ORTHOPEDICS	CPT codes 20000-29909 are used for Orthopedic surgical services
410	PLASTIC SURGERY	CPT codes 10040-19499 are used for Plastic Surgery services

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411	PODIATRY	This will be a provider type. CPT codes 20838-20840; 28001-28899 are used for these procedures
412	PROCTOLOGY	CPT codes 45000-46999 are used for these services
413	THORACIC SURGERY	CPT codes 32000-35390 may be used for these services
414	UROLOGY	CPT codes 50010-53899 are used for these services
415	VASCULAR SURGERY	CPT codes 33300-37799 are used for these services
416	AMBULATORY SURGERY PROCEDURE PERFORMED	Not applicable
417	PROSTHETIC, ORTHOTICS	HCPCS codes E0100-E1702; K0001-K0285; L0100-L8690 are used for these services
418	AMPUTATION CLINIC	ICD-9-CM codes 997.6; V49.60-V49.77 are used for amputation follow-up
419	ANESTHESIA PRE-OP CONSULT	CPT codes 00100-01999 are used for anesthesia services, including the normal pre-op consult. Additional consultations are reported using 99241-99245.
420	PAIN CLINIC	There are a wide range of ICD-9-CM codes used for the various places and types of pain a patient may experience.
421	VASCULAR LABORATORY	CPT codes 93875-93990 are used for these services
422	CAST CLINIC	CPT 29000-29799 are used for casting and strapping services
423	PROSTHETIC SERVICES	HCPCS codes E0100-E1702; K0001-K0285; L0100-L8690 are used for these services
424	TELEPHONE/SURGERY	CPT codes 99371-99373 are for telephone calls
425	TELEPHONE/PROSTHETICS/O RTHOTICS	CPT codes 99371-99373 are for telephone calls
426	WOMENS SURG	CPT codes 56405-58999 are used for these services
427	PRIMARY CARE SURG	Not Applicable
428	TELEPHONE/OPTOMETRY	CPT codes 99371-99373 are for telephone calls

429	AMBULATORY CARE OPERATING RM OR SURGERY OUTPATIENT SURGERY RM	Not Applicable
430	CYSTO ROOM UNIT FOR OUT PATIENT	CPT codes 52000-52700 are for cystoscopy and cystourethroscopy services
431	CHEMOTHERAPY PROCEDURES UNIT - SURGERY	CPT codes 96400-96549 are used for Chemotherapy Administration. HCPCS JXXXX codes may be used to indicate the specific agent
432	PRE-BED CARE MD (SURGERY)	CPT codes 99217-99220 are used for Observation Care services. Physician would be indicated by provider type
433	PRE-BED CARE RN (SURGERY)	CPT codes 99217-99220 are used for Observation Care services. Registered Nurse would be indicated by provider type
501	HOMELESS MENTALLY ILL OUTREACH	ICD-9-CM codes 290.0-319 are for patients with mental disorders; V60.0-1 identifies housing problems; V65.40-V65.9 specifies counseling received. For ambulatory patients, appropriate evaluation and management codes should also be used to define services.
502	MENTAL HEALTH CLINIC - INDIVIDUAL	ICD-9-CM codes 290.0-319 are for patients with mental disorders; CPT codes 90841-90844 are used for individual psychotherapy
503	RESIDENTIAL CARE- INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. The program would continue to be determined by the DSS Identifier
504	IPCC MEDICAL CENTER VISIT	Not applicable
505	DAY TREATMENT- INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. The program would continue to be determined by the DSS Identifier
506	DAY HOSPITAL -INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. The program would continue to be determined by the DSS Identifier

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507	DRUG DEPENDENCE-INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. ICD-9-CM codes 304.00-304.93 are used to identify drug dependent patients. The program would continue to be determined by the DSS Identifier
508	ALCOHOL TREATMENT-INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. ICD-9-CM codes 303.00-303.93 are used to identify alcohol dependent patients. The program would continue to be determined by the DSS Identifier
509	PSYCHIATRY-INDIVIDUAL	CPT codes 90841-90844 are used for individual psychotherapy. The program would continue to be determined by the DSS Identifier.
510	PSYCHOLOGY-INDIVIDUAL	Individual psychotherapy, biofeedback, hypnotherapy and Psychological and neuropsychological services are appropriate. Psychologist can be a provider type. CPT codes 90841-90844, 90855, 90880, 90900-90915, 96100, 96105, 96115, 96117 and 97770 are used for this clinic. The program would continue to be determined by the DSS Identifier
512	PSYCHIATRY CONSULTATION	CPT codes 99241-99245 are used for consultations. The program would continue to be determined by the DSS Identifier
513	SUBSTANCE ABUSE-INDIVIDUAL	Frequently used CPT codes are 90820, 90825, 90841-90844, 90862 and 96100 ICD-9-CM codes 291.00-297.90 and 303.00-305.93 are used to identify substance abuse patients. The program would continue to be determined by the DSS Identifier

514	SUBSTANCE ABUSE-HOME VISIT	CPT codes 99341-99353 are used for home services. ICD-9-CM codes 291.00-297.90 and 303.00-305.93 are used to identify substance abuse patients. Examples of frequently used codes include 99341-99353. The program would continue to be determined by the DSS Identifier
515	CWT/TR-HCMI {planned for elimination in FY 1997.}	ICD-9-CM codes 290.0-319 are for patients with mental disorders; V60.0 identifies a lack of housing; V65.40-V65.9 specifies counseling received. CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to)
516	PTSD-GROUP	CPT codes 90846-90853; 90857 are used for group and family therapy; ICD-9-CM code 309.81 is for PTSD patients
517	CWT/SUBSTANCE ABUSE {planned for elimination in FY 1997.}	CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to) ICD-9-CM codes 303.00-305.93 are used to identify substance abuse patients
518	CWT/TR-SUBSTANCE ABUSE {planned for elimination in FY 1997.}	CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to) ICD-9-CM codes 303.00-305.93 are used to identify substance abuse patients
519	SUBSTANCE USE DISORDER/PTSD TEAMS	ICD-9-CM codes 303.00-305.93 are used to identify substance abuse patients and 309.81 is for PTSD patients
520	LONG-TERM ENHANCEMENT-INDIVIDUAL	CPT codes 90841-90844; 90855 are used for individual therapy. The program would continue to be determined by the DSS Identifier
521	LONG-TERM ENHANCEMENT-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy. The program would continue to be determined by the DSS Identifier
522	HUD-VASH	Not Applicable

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523	METHADONE MAINTENANCE {Name change to Opioid Substitution Therapy pending}	ICD-9-CM code 304.0 is used for opioid type dependence and 292.0 (with E935.1) for methadone withdrawal syndrome. Examples of frequently used CPT codes include 90841-90844, 90846, 90853, 90862 and 96100 when appropriate.
524	SEXUAL TRAUMA COUNSELING WOMEN VET	Could be sorted on sex code; CPT codes 90841-90844; 90855 are used for individual therapy. The program would continue to be determined by the DSS Identifier
525	WOMEN'S STRESS DISORDER TREATMENT TEAMS	ICD-9-CM codes 308.0-309.89 codes and sex code are used to identify stress disorder patients
526	TELEPHONE/SPECIAL PSYCHIATRY	CPT codes 99371-99373 are for telephone calls
527	TELEPHONE/GENERAL PSYCHIATRY	CPT codes 99371-99373 are for telephone calls
528	TELEPHONE/HOMELESS MENTALLY ILL	CPT codes 99371-99373 are for telephone calls
529	HCHV/HMI	Not Applicable. Will use DSS Identifier
530	TELEPHONE/HUD-VASH	CPT codes 99371-99373 are for telephone calls
531	PRIMARY CARE GEN'L PSY	Not Applicable
540	PCT-POST TRAUMATIC STRESS	ICD-9-CM code 309.81 is for PTSD patients
542	TELEPHONE/PTSD	CPT codes 99371-99373 are for telephone calls
543	TELEPHONE/ALCOHOL DEPENDENCE	CPT codes 99371-99373 are for telephone calls
544	TELEPHONE/DRUG DEPENDENCE	CPT codes 99371-99373 are for telephone calls
545	TELEPHONE/SUBSTANCE ABUSE	CPT codes 99371-99373 are for telephone calls
546	TELEPHONE/IPCC (INTENSIVE PSYCHI COMNTY CARE)	CPT codes 99371-99373 are for telephone calls
547 {added for FY 1997}	Substance Abuse Intensive/Day hospital	ICD-9-CM codes 291.00-292.90 and 303.00-305.93 are used to identify substance abuse patients. Examples of frequently used CPT codes include 90820, 90825, 90842-90844, 90862 and 96100.

550	MENTAL HEALTH CLINIC - GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
551	IPCC COMMUNITY CLINIC-DAY PROGRAM VISIT	The program would continue to be determined by the DSS Identifier
552	IPCC COMMUNITY VISIT	The program would continue to be determined by the DSS Identifier
553	DAY TREATMENT-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
554	DAY HOSPITAL-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
555	DRUG DEPENDENCE-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy. ICD-9-CM codes 304.00-304.93 are used to identify drug dependent patients. The program would continue to be determined by the DSS Identifier.
556	ALCOHOL TREATMENT-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy. ICD-9-CM codes 303.00-303.93 are used to identify alcohol dependent patients. The program would continue to be determined by the DSS Identifier.
557	PSYCHIATRY-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
558	PSYCHOLOGY-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
560	SUBSTANCE ABUSE-GROUP	CPT codes 90846-90853; 90857 are for family and group therapy. ICD-9-CM codes 303.00-305.93 are used to identify substance abuse patients. The program would continue to be determined by the DSS Identifier.

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562	PTSD-INDIVIDUAL	ICD-9-CM code 309.81 is for PTSD patients; CPT codes 90841-90844 are used for individual psychotherapy.
563	PRIMARY CARE/SPECIAL PSY	Not Applicable
573	INCENTIVE THERAPY	CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to)
574	COMPENSATED WORK THERAPY (CWT)	CPT codes 97545-97546 are used for these services (modifiers will be developed as agreed to)
575	VOCATIONAL ASSISTANCE	CPT codes 90882, 90899, 97537, 97545-97546 99361 and 99456 may be appropriate for these patients (modifiers will be developed in FY 1997)
576	PSYCHOGERIATRIC CLINIC, INDIVIDUAL	CPT codes 90841-90844; 90855 are used for individual therapy. The program would continue to be determined by the DSS Identifier
577	PSYCHOGERIATRIC CLINIC, GROUP	CPT codes 90846-90853; 90857 are for family and group therapy.. The program would continue to be determined by the DSS Identifier.
578	PSYCHOGERIATRIC DAY PROGRAM	The program would continue to be determined by the DSS Identifier.
579	TELEPHONE/GERIATRIC PSYCHIATRY	CPT codes 99371-99373 are for telephone calls
602	CHRONIC ASSISTED HEMODIALYSIS TREATMENT	CPT code 90937 is hemodialysis with repeated evaluations
603	LIMITED SELF CARE HEMODIALYSIS TREATMENT	CPT code 90935 is hemodialysis procedure with single evaluation
604	HOME/SELF HEMODIALYSIS TRAINING TREATMENT	CPT codes 90989-90993 are for dialysis training
606	CHRONIC ASSISTED PERITONEAL DIALYSIS	CPT code 90947 is dialysis other than hemodialysis with repeated evaluations
607	LIMITED SELF CARE PERITONEAL DIALYSIS	CPT code 90945 is dialysis other than hemodialysis with single evaluation
608	HOME/SELF PERITONEAL DIALYSIS TRAIN	CPT codes 90989-90993 are for dialysis training
610	CONTRACT DIALYSIS	Not Applicable
611	TELEPHONE/DIALYSIS	CPT codes 99371-99373 are for telephone calls



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701	HYPERTENSION SCREENING	ICD-9-CM code V81.1 is used for this service
702	CHOLESTEROL SCREENING	CPT codes 83718-83721 will be used for this service
703	MAMMOGRAM	CPT codes 76090-76092 will be used for this service
704	PAP TEST	CPT codes 88150-88155 will be used for this service
705	FOBT-GUIAC SCREENING	CPT codes 82270-82273 will be used for this service
706	ALCOHOL SCREENING	CPT codes 82055, 82075 or 82693 will be used for this service
707	SMOKING CESSATION	ICD-9-CM code V65.42 will be used for this service
708	NUTRITION	ICD-9-CM purpose of visit code V65.3 will be used for this service
709	PHYSICAL FITNESS/EXERCISE COUNSELING	ICD-9-CM purpose of visit code V65.41 will be used for this service
710	VET INFLUENZA IMMUNIZATION	CPT code 90724 for influenza virus vaccine and 90737 for Hemophilus influenza B for this service
711	INJURY COUNSEL/SEAT BELT USAGE	ICD-9-CM purpose of visit code V65.43 will be used for this service